

Make remittance payable to
Kansas Department of Agriculture
Pesticide/Fertilizer - Records Center
109 SW 9th Street
Topeka KS 66612-1272
785-296-3731

APPLICATION FOR REGISTRATION OF SOIL AMENDMENTS

For Calendar Year of _____
January 1 - December 31

Registration Fee
\$100.00 per product

_____ New
_____ Renewal

Remittance is enclosed to cover the registration fee for _____ product(s).

Complete Business Name _____

Location/Street Address _____

City State Zip Code

Phone County Federal Tax ID/SS Number

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This is to certify the following to be a true copy of the statement which will be plainly printed on the label accompanying bulk shipments, or affixed to every lot or parcel of soil amendment sold, offered, or exposed for sale in Kansas.

1. Net Weight of Contents: _____
2. Name of Product: _____
3. Purpose of Product: _____

4. Directions for Application: _____

5. Name and Address of Manufacturer or Registrant: _____

ACTIVE INGREDIENTS - Name of each ingredient and percent

_____	____%	_____	____%
_____	____%	_____	____%
_____	____%	_____	____%

INERT INGREDIENTS - Name of each ingredient and percent

_____	____%	_____	____%
_____	____%	_____	____%
_____	____%	_____	____%

.....
I hereby attest that the information in this application for registration is true, complete and accurate.

Signature (Date)

(Typed/printed name of signer) (Title)

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For Office Use Only

Revised 09/05 ID _____ Date ____-____-____ SAR ____-____-____